Introduction

Since 2016, the National Association of County and City Health Officials (NACCHO) has worked to build the capacity of local health departments to implement Health in All Policies (HiAP). NACCHO defines HiAP as changes in systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on the determinants of health. Changing how policies, decisions, and systems operate alters the status quo and may encounter resistance, pushback, and hesitancy.

In addition to the organizational resistance to change within the public health sector, HiAP practitioners may face significant logistical barriers as well. Differences in priorities within health departments and between elected officials and health department staff, fragmented government services, limited resources and capacity, as well as public opinion of health department activities all play into how HiAP can be implemented. Over the years, identifying strategies for implementing a HiAP approach when met with resistance and adversity has become an area of interest.

Techniques When Faced With Challenging and Adverse Environments

HiAP practitioners and those implementing HiAP initiatives can use the following six techniques to engage decision-makers in particularly challenging environments:

1. **Create champions:** Spend time cultivating relationships with people who can advocate for health in various decision-making environments. Potential champions may include those who work in local government, community-based organizations, and other partners. It may also be beneficial to educate more non-conventional partners who may not traditionally work in the public health sector, such as planners, engineers, and housing staff.

2. **Share the spotlight:** HiAP work does not have to center around the efforts of a health department. Consider how your work can support the work of others, especially organizations that have been involved in public health work for a long time. By giving support, without claiming credit or recognition, partners can achieve goals that would not have been possible for your health department.

3. **Meet people where they are:** Relate politically sensitive topics to issues that are important to the people you are working with and directly impact them. Even if stakeholders have strong ideological differences, there are often overlapping priorities. Common ground can be found by identifying and collaborating on these priorities.
4. **Use informal accountability mechanisms:** HiAP should not live with one person because it needs to remain even when those people leave. Just like it can’t live with one team because it is cross-cutting. By systematizing and institutionalizing HiAP through strategic and community health improvement plans or other informal accountability mechanisms you can embed it in your jurisdiction for the long-term.

5. **Leverage “small p” efforts:** Emphasize that policy does not necessarily have to involve big sweeping changes. Policy is the everyday way that we do things, which means that everyone can implement HiAP at all levels of the agency. It can be law, regulation, procedure, administrative action, incentive, or voluntary practice.

6. **Engage the community:** It is important to educate yourself on the values of the community that your health department serves. Engaging the community is key to successfully implementing HiAP and leading with the best public health practices. Connect with a wide array of community members to create a broad coalition that can advocate for a community-driven HiAP approach to better engage lawmakers and decision-makers.

FOR MORE INFORMATION, PLEASE VISIT:

NACCHO’S [HEALTH IN ALL POLICIES WEBPAGE](http://naccho.org) OR EMAIL NACCHO AT [PHLAW@NACCHO.ORG](mailto:PHLAW@NACCHO.ORG).

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